

CitizenAudit.org

Return of Organization Exempt from Income Tax

OMB No 1545-0047

2003**Open to Public Inspection**Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2003 calendar year, or tax year beginning , 2003, and ending**B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use
IRS label
or print
or type.
See
specific
instructions.POLYNESIAN CULTURAL CENTER
55-370 KAMEHAMEHA HIGHWAY
LAIE, HI 96762**D Employer Identification Number**

99-0109908

E Telephone number

(808) 293-3005

F Accounting method:☐ Cash ☒ Accrual☐ Other (specify) ▶

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

H and I are not applicable to section 527 organizations

H (a) Is this a group return for affiliates? ☐ Yes ☒ No**H (b)** If "Yes," enter number of affiliates ▶**H (c)** Are all affiliates included? ☐ Yes ☐ No

(If "No," attach a list. See instructions.)

H (d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I Group Exemption Number** ▶**M** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**G Web site:** ▶ N/A**J Organization type**
(check only one)▶ ☒ 501(c) 3 (insert no.) ☐ 4947(a)(1) or ☐ 527

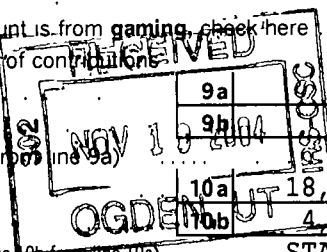
K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 44,628,448.**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See instructions)**1** Contributions, gifts, grants, and similar amounts received.**a** Direct public support**1 a** 3,371,765.**b** Indirect public support**1 b****c** Government contributions (grants)**1 c****d** Total (add lines 1a through 1c) (cash \$ 3,371,765. noncash \$)**1 d** 3,371,765.**2** Program service revenue including government fees and contracts (from Part VII, line 93)**2** 19,147,769.**3** Membership dues and assessments**3****4** Interest on savings and temporary cash investments**4** 126,361.**5** Dividends and interest from securities**5****6a** Gross rents**6 a** 933,160.**b** Less: rental expenses**6 b** 373,557.**c** Net rental income or (loss) (subtract line 6b from line 6a)**6 c** 559,603.**7** Other investment income (describe ▶)**7****8a** Gross amount from sales of assets other than inventory**(A) Securities****(B) Other****8 a** 4,670.**b** Less: cost or other basis and sales expenses.**8 b** 14,834.**c** Gain or (loss) (attach schedule) **STATEMENT 1****8 c** -10,164.**d** Net gain or (loss) (combine line 8c, columns (A) and (B))**8 d** -10,164.**9** Special events and activities (attach schedule). If any amount is from gaming, check here ☐**a** Gross revenue (not including \$ reported on line 1a)**9 a****b** Less: direct expenses other than fundraising expenses**9 b****c** Net income or (loss) from special events (subtract line 9b from line 9a)**9 c****10a** Gross sales of inventory, less returns and allowances**10 a** 18,006,273.**b** Less: cost of goods sold**10 b** 4,636,358.**c** Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)**10 c** 13,369,915.**11** Other revenue (from Part VII, line 103)**11** 3,038,450.**12** Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)**12** 39,603,699.**13** Program services (from line 44, column (B))**13** 33,752,178.**14** Management and general (from line 44, column (C))**14** 5,090,008.**15** Fundraising (from line 44, column (D))**15****16** Payments to affiliates (attach schedule).**16****17** Total expenses (add lines 16 and 44, column (A)).**17** 38,842,186.**18** Excess or (deficit) for the year (subtract line 17 from line 12)**18** 761,513.**19** Net assets or fund balances at beginning of year (from line 73, column (A))**19** 20,996,978.**20** Other changes in net assets or fund balances (attach explanation)**SEE STATEMENT 3****20** 6,982,410.**21** Net assets or fund balances at end of year (combine lines 18, 19, and 20)**21** 28,740,901.**BAA** For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0107L 10/03/03

Form **990** (2003)

SCANNED DEC 09 2004



Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____)	22			
23	Specific assistance to individuals (att sch)	23			
24	Benefits paid to or for members (att sch)	24			
25	Compensation of officers, directors, etc	25	720,686.	720,686.	
26	Other salaries and wages	26	15,586,998.	14,187,685.	1,399,313.
27	Pension plan contributions	27	1,111,164.	966,713.	144,451.
28	Other employee benefits	28	2,927,661.	2,547,065.	380,596.
29	Payroll taxes	29	918,162.	798,801.	119,361.
30	Professional fundraising fees	30			
31	Accounting fees	31	39,920.		39,920.
32	Legal fees	32	35,793.		35,793.
33	Supplies	33	1,225,464.	1,200,955.	24,509.
34	Telephone	34	176,796.	134,365.	42,431.
35	Postage and shipping	35	38,321.	34,489.	3,832.
36	Occupancy	36	2,863,268.	2,605,574.	257,694.
37	Equipment rental and maintenance	37	535,721.	487,506.	48,215.
38	Printing and publications	38	1,882,945.	1,694,650.	188,295.
39	Travel	39	320,266.	169,741.	150,525.
40	Conferences, conventions, and meetings	40	29,341.	26,407.	2,934.
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42	2,706,806.	2,192,513.	514,293.
43	Other expenses not covered above (itemize).				
a	SEE STATEMENT 4	43a	7,722,874.	6,705,714.	1,017,160.
b		43b			
c		43c			
d		43d			
e		43e			
44	Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	38,842,186.	33,752,178.	5,090,008.

Joint Costs. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service AccomplishmentsWhat is the organization's primary exempt purpose? EDUCATIONAL & CULTURAL MUSEUM

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) & (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and
(4) organizations and
4947(a)(1) trusts, but
optional for others)

a	SEE STATEMENT 15.			
	(Grants and allocations \$ _____)			33,752,178.
b				
	(Grants and allocations \$ _____)			
c				
	(Grants and allocations \$ _____)			
d				
	(Grants and allocations \$ _____)			
e	Other program services			
	(Grants and allocations \$ _____)			
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)			33,752,178.

Part IV Balance Sheets (See Instructions)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash — non-interest-bearing		45	
	46 Savings and temporary cash investments	4,939,402.	46	4,916,414.
	47a Accounts receivable	2,086,434.		
	b Less: allowance for doubtful accounts	246,569.	1,303,750.	47c 1,839,865.
	48a Pledges receivable			
	b Less: allowance for doubtful accounts			48c
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach sch)			
	b Less: allowance for doubtful accounts			51c
	52 Inventories for sale or use	1,155,376.	52	1,419,956.
	53 Prepaid expenses and deferred charges	613,174.	53	570,151.
	54 Investments — securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55a Investments — land, buildings, & equipment: basis			
	b Less: accumulated depreciation (attach schedule)			55c
56 Investments — other (attach schedule)		56		
57a Land, buildings, and equipment: basis	69,885,384.			
b Less: accumulated depreciation (attach schedule) STATEMENT 5	43,107,580.	22,023,961.	57c 26,777,804.	
58 Other assets (describe <input type="checkbox"/> SEE STATEMENT 6)	185,390.	58	997,138.	
59 Total assets (add lines 45 through 58) (must equal line 74)	30,221,053.	59	36,521,328.	
LIABILITIES	60 Accounts payable and accrued expenses	1,589,331.	60	1,680,194.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe <input type="checkbox"/> SEE STATEMENT 7)	7,634,744.	65	6,100,233.
	66 Total liabilities (add lines 60 through 65)	9,224,075.	66	7,780,427.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	20,937,015.	67	28,439,938.
	68 Temporarily restricted	59,963.	68	50,963.
	69 Permanently restricted		69	250,000.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19; column (B) must equal line 21)	20,996,978.	73	28,740,901.
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)	30,221,053.	74	36,521,328.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

a	Total revenue, gains, and other support per audited financial statements . . .	a	43,970,614.
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify):		
	SEE STM 8 \$ -867,351.		
	Add amounts on lines (1) through (4)	b	-867,351.
c	Line a minus line b	c	44,837,965.
d	Amounts included on line 12, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
	SEE STM 9 \$ -5,234,266.		
	Add amounts on lines (1) and (2)	d	-5,234,266.
e	Total revenue per line 12, Form 990 (line c plus line d)	e	39,603,699.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements . . .	a	43,191,394.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify):		
	SEE STMT 10 \$ 5,293,042.		
	Add amounts on lines (1) through (4)	b	5,293,042.
c	Line a minus line b	c	37,898,352.
d	Amounts included on line 17, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
	SEE STMT 11 \$ 943,834.		
	Add amounts on lines (1) and (2)	d	943,834.
e	Total expenses per line 17, Form 990 (line c plus line d)	e	38,842,186.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 12				
		720,686.	76,708.	24,400.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?

If 'Yes,' attach schedule — see instructions

► ☐ Yes

☒ No

Part VI Other Information (See instructions)

Yes No

76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	77		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X	
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	78b	X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X	
b	If 'Yes,' enter the name of the organization SEE STATEMENT 13 and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.			
81a	Enter direct and indirect political expenditures. See line 81 instructions	81a	0.	
b	Did the organization file Form 1120-POL for this year?	81b		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)	82b	N/A	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	N/A	
c	Dues, assessments, and similar amounts from members	85c	N/A	
d	Section 162(e) lobbying and political expenditures	85d	N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86	501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12.	86a	N/A	
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A	
87	501(c)(12) organizations Enter: a Gross income from members or shareholders.	87a	N/A	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88	X	
89a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>			
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.			0.
d	Enter Amount of tax on line 89c, above, reimbursed by the organization			0.
90a	List the states with which a copy of this return is filed NONE			
b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions)	90b	1,280	
91	The books are in care of LARRY YUEN Telephone number (808) 293-3171 Located at 55-370 KAMEHAMEHA HWY, LAIE, HI ZIP + 4 96762			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 92			N/A

Part VII Analysis of Income-Producing Activities (See instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a ADMISSIONS	711130	7,335,941.			16,965,274.
b ADMISSIONS REFUNDS	712100	-4,863.			-31,834.
c SALES COMMISSIONS	712100	-1,120,315.			-2,567,984.
d SALES DISCOUNTS	712100	-439,893.			-988,557.
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	126,361.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	559,603.	
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-10,164.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory	453000	823,422.	3	11,263,189.	1,283,304.
103 Other revenue: a					
b HAWAII CAPTL GOODS CR	711130	15,907.			
c TRANSPORTATION			3	3,022,543.	
d					
e					
104 Subtotal (add columns (B), (D), and (E))		6,610,199.		14,961,532.	14,660,203.
105 Total (add line 104, columns (B), (D), and (E))					36,231,934.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93	SEE STATEMENT 15.
102	SEE STATEMENT 16.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
POLYNESIAN CULTURAL CTR. PROP	100.000 %	CATLG RETAIL SALES	59,764.	1,529.
55-370 KAMEHAMEHA HIGHWAY	%			
LAIE, HAWAII 96762	%			
99-0199388	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

☐ Yes ☒ No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: James N. Hopkinson Date: 11-11-04

Type or print name and title: JAMES N. HOPKINSON VICE PRESIDENT

Paid Preparer's Use Only

Preparer's signature: GARY J. MYERS Date: 11-11-04

Firm's name (or yours if self-employed): LAKE, HILL & MYERS

Address, and ZIP + 4: 6695 SOUTH 1300 EAST SALT LAKE CITY, UT 84121

Check if self-employed: ☐

Preparer's SSN or PTIN (see General Instruction W): P00104284

EIN: 87-0491579

Phone no: (801) 947-7500

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Organization Exempt Under**
Section 501(c)(3)**(Except Private Foundation) and Section 501(e), 501(f), 501(k),**
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust**Supplementary Information — (See separate instructions.)**

OMB No 1545-0047

2003**▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

Name of the organization

POLYNESIAN CULTURAL CENTER

Employer identification number

99-0109908

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions List each one If there are none, enter 'None ')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
ORLIN CLEMENTS 55-370 KAMEHAMEHA HW, LAIE	PHYS. FAC. DIR. FULL-TIME	98,780.	14,669.	0.
FREDDIE CAMIT 58-114 MAMAO ST, HALEIWA	CHIEF INFO. OFF FULL-TIME	115,276.	11,603.	0.
LESLIE STEWARD 55-641 NANILOA LOOP, LAIE	ASST. TO PRES. FULL-TIME	94,230.	11,268.	0.
LAWRENCE YUEN 54-285 KAWAIPUNA PLACE, HI	CONTROLLER FULL-TIME	84,754.	3,742.	0.
FRANCIS HO CHING 55-471A NANILOA LOOP, LAIE, HI	SALES MANAGER FULL-TIME	77,805.	13,830.	0.
Total number of other employees paid over \$50,000 ▶	36			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions List each one (whether individuals or firms) If there are none, enter 'None ')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE OVER \$50,000		0.
Total number of others receiving over \$50,000 for professional services ▶	0	

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2003

Part III Statements About Activities (See instructions)

Yes No

- 1** During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ N/A
- (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes,' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

- 2** During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)

SEE STATEMENT 14

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

SEE FORM 990, PART V

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2d X

e Transfer of any part of its income or assets?

2e X

- 3a** Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments)

3a X

b Do you have a section 403(b) annuity plan for your employees?

3b X

- 4** Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?

4 X

Part IV Reason for Non-Private Foundation Status (See instructions)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5** ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6** ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7** ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ _____
- 10** ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a** ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b** ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12** ☒ An organization that normally receives: **(1) more than 33-1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions — subject to certain exceptions, and **(2) no more than 33-1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13** ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in **(1)** lines 5 through 12 above; or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations (See instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.***Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,416,093.	81,443.	67,763.	143,230.	1,708,529.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose.	25,572,005.	21,848,964.	23,253,453.	19,823,479.	90,497,901.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975.	593,698.	559,467.	652,439.	1,034,319.	2,839,923.
19 Net income from unrelated business activities not included in line 18	6,876,473.	5,899,626.	6,072,515.	7,606,524.	26,455,138.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	34,458,269.	28,389,500.	30,046,170.	28,607,552.	121,501,491.
24 Line 23 minus line 17	8,886,264.	6,540,536.	6,792,717.	8,784,073.	31,003,590.
25 Enter 1% of line 23	344,583.	283,895.	300,462.	286,076.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 **N/A** **26a**

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts **26b**

c Total support for section 509(a)(1) test. Enter line 24, column (e) **26c**

d Add: Amounts from column (e) for lines **18** **19**
22 **26b** **26d**

e Public support (line 26c minus line 26d total) **26e**

f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) **26f** %

27 Organizations described on line 12:

a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year. (SEE STATEMENT 17)
(2002) 1,301,285. (2001) 14,070. (2000) 1,000. (1999) 7,000.

b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:
(2002) 0. (2001) 0. (2000) 0. (1999) 0.

c Add: Amounts from column (e) for lines **15** 1,708,529. **16**
17 90,497,901. **20** **21** **27c** 92,206,430.

d Add: Line 27a total 1,323,355. and line 27b total 0. **27d** 1,323,355.

e Public support (line 27c total minus line 27d total) **27e** 90,883,075.

f Total support for section 509(a)(2) test Enter amount from line 23, column (e) **27f** 121,501,491.

g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) **27g** 74.80 %

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) **27h** 2.34 %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement)	31		

32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32 a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32 b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32 c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32 d		
If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement)				

33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33 a		
b	Admissions policies?	33 b		
c	Employment of faculty or administrative staff?	33 c		
d	Scholarships or other financial assistance?	33 d		
e	Educational policies?	33 e		
f	Use of facilities?	33 f		
g	Athletic programs?	33 g		
h	Other extracurricular activities?	33 h		
If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement)				

34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34 a		
b	Has the organization's right to such aid ever been revoked or suspended?	34 b		
If you answered 'Yes' to either 34a or b, please explain using an attached statement				
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check ☐ **a** if the organization belongs to an affiliated group Check ☐ **b** if you checked 'a' and 'limited control' provisions apply**Limits on Lobbying Expenditures**

(The term 'expenditures' means amounts paid or incurred)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table —		
If the amount on line 40 is —		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
The lobbying nontaxable amount is —		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines **c** through **h**.)
- c** Media advertisements.
- d** Mailings to members, legislators, or the public.
- e** Publications, or published or broadcast statements.
- f** Grants to other organizations for lobbying purposes.
- g** Direct contact with legislators, their staffs, government officials, or a legislative body.
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means.
- i** Total lobbying expenditures (add lines **c** through **h**.)

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		0

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Depreciation and Amortization
(Including Information on Listed Property)▶ See separate instructions.
▶ Attach to your tax return.

OMB No 1545-0172

2003**67**

Name(s) shown on return

POLYNESIAN CULTURAL CENTER

Identifying number

99-0109908

Business or activity to which this form relates

DEPRECIATION SCHEDULES ONLY**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount. See instructions for a higher limit for certain businesses	1	\$100,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	\$400,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2002 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2004. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election (see instructions)	15	
16	Other depreciation (including ACRS) (see instructions)	16	2,573,034.

Part III MACRS Depreciation (Do not include listed property) (See instructions)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2003	17	
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B – Assets Placed in Service During 2003 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	

Section C – Assets Placed in Service During 2003 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21	Listed property. Enter amount from line 28	21	133,772.
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	22	2,706,806.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V**Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A – Depreciation and Other Information (Caution: See instructions for limits for passenger automobiles.)**

24a Do you have evidence to support the business/investment use claimed?					<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	24b If 'Yes,' is the evidence written?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost		
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions).								25		
26 Property used more than 50% in a qualified business use (see instructions):										
SEE STMT 18	VARIOUS	100.0	728,577.	728,577.		S/L	133,772.			
27 Property used 50% or less in a qualified business use (see instructions):										
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1										
								28	133,772.	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29		

Section B – Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (do not include commuting miles – see instructions)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?						
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (see instructions)		

Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.**Part VI****Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2003 tax year (see instructions)					
43 Amortization of costs that began before your 2003 tax year					43
44 Total. Add amounts in column (f). See instructions for where to report					44

STATEMENT 1
FORM 990, PART I, LINE 8
NET GAIN (LOSS) FROM NONINVENTORY SALES

OTHER ASSETS

DESCRIPTION:	BUILDING IMPROVEMENTS		
DATE ACQUIRED:	VARIOUS		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	VARIOUS		
TO WHOM SOLD:			
GROSS SALES PRICE:	0.		
COST OR OTHER BASIS:	1,119,331.		
DEPRECIATION:	1,119,329.		
		GAIN (LOSS)	-2.

DESCRIPTION:	LEASEHOLD IMPROVEMENTS		
DATE ACQUIRED:	VARIOUS		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	VARIOUS		
TO WHOM SOLD:			
GROSS SALES PRICE:	0.		
COST OR OTHER BASIS:	32,670.		
DEPRECIATION:	28,746.		
		GAIN (LOSS)	-3,924.

DESCRIPTION:	FURNITURE & FIXTURES		
DATE ACQUIRED:	VARIOUS		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	VARIOUS		
TO WHOM SOLD:			
GROSS SALES PRICE:	0.		
COST OR OTHER BASIS:	65,357.		
DEPRECIATION:	65,357.		
		GAIN (LOSS)	0.

DESCRIPTION:	MACHINE & OFFICE		
DATE ACQUIRED:	VARIOUS		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	VARIOUS		
TO WHOM SOLD:			
GROSS SALES PRICE:	0.		
COST OR OTHER BASIS:	848,634.		
DEPRECIATION:	848,259.		
		GAIN (LOSS)	-375.

DESCRIPTION:	VEHICLES		
DATE ACQUIRED:	VARIOUS		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	VARIOUS		
TO WHOM SOLD:			
GROSS SALES PRICE:	4,670.		
COST OR OTHER BASIS:	168,849.		
DEPRECIATION:	158,316.		
		GAIN (LOSS)	-5,863.

TOTAL GAIN (LOSS) OTHER ASSETS \$ -10,164.

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ -10,164.

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STATEMENT 2
FORM 990, PART I, LINE 10
GROSS PROFIT (LOSS) FROM SALES OF INVENTORY

NIGHT SHOW MERCHANDISE & OTHER MERCH.	\$ 1,411,091.
FOOD SALES	14,564,345.
EDUCATIONAL MATERIALS, ARTS & CRAFTS	2,030,837.
GROSS SALES	<u>\$ 18,006,273.</u>
LESS RETURNS & ALLOWANCES	0.
NET SALES	<u>\$ 18,006,273.</u>
LESS COST OF GOODS SOLD	<u>4,636,358.</u>
GROSS PROFIT FROM SALES OF INVENTORY	<u><u>\$ 13,369,915.</u></u>

STATEMENT 3
FORM 990, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

2002 HAWAII CAPITAL GOODS CREDIT	\$ 16,719.
2003 HAWAII CAPITAL GOODS CREDIT	-15,907.
CAPITAL CONTRIBUTION (STATEMENT 19)	4,500,000.
PCC PROPERTIES NET INCOME	16,895.
PENSION MINIMUM LIABILITY ADJUSTMENT	2,464,703.
TOTAL	<u><u>\$ 6,982,410.</u></u>

STATEMENT 4
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
BAD DEBT EXPENSE	109,180.		109,180.	
BANK FEES	311,846.	311,846.		
BUILDING MAINTENANCE	249,264.	249,264.		
CASH OVER/SHORT	7,705.	7,705.		
CULTURAL EXPENSE	17,500.	17,500.		
DATA PROCESSING	37,225.		37,225.	
HAWAII GENERAL EXCISE TAX	943,834.	943,834.		
INSURANCE	791,761.		791,761.	
JANITORIAL	196,973.	196,973.		
LATE FEES	1.	1.		
MEALS & ENTERTAINMENT	100,278.	90,250.	10,028.	
MISSIONARY PROGRAM	-1,114.	-1,114.		
NEW SHOW AMORTIZATION	19,330.	19,330.		
OTHER PROFESSIONAL FEES	550,440.	495,396.	55,044.	
PROFESSIONAL DEVELOPMENT	49,222.	42,823.	6,399.	
PROMOTIONS	218,884.	218,884.		
RESEARCH	149,434.	149,434.		
SPECIAL EVENTS	19,637.	19,637.		
SPOILED GOODS	188,328.	188,328.		
SUBSCRIPTIONS & DUES	75,231.	67,708.	7,523.	
TRANSPORTATION COSTS	3,290,247.	3,290,247.		
UNIFORMS	265,725.	265,725.		
VIDEO & FILM AMORTIZATION	131,943.	131,943.		
TOTAL	<u><u>\$ 7722874.</u></u>	<u><u>\$ 6705714.</u></u>	<u><u>\$ 1017160.</u></u>	<u><u>\$ 0.</u></u>

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STATEMENT 5
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
AUTOMOBILES / TRANSPORTATION EQUIPMENT	\$ 2,222,148.	\$ 1,717,394.	\$ 504,754.
FURNITURE AND FIXTURES	1,832,538.	1,243,491.	589,047.
MACHINERY AND EQUIPMENT	18,304,552.	15,002,795.	3,301,757.
BUILDINGS	41,031,914.	23,212,012.	17,819,902.
IMPROVEMENTS	2,989,727.	1,931,888.	1,057,839.
LAND	9,836.		9,836.
MISCELLANEOUS	3,494,669.	0.	3,494,669.
TOTAL	\$ 69,885,384.	\$ 43,107,580.	\$ 26,777,804.

STATEMENT 6
FORM 990, PART IV, LINE 58
OTHER ASSETS

OTHER ASSETS	\$ 131,054.
PREPAID PENSION COSTS	866,084.
TOTAL	\$ 997,138.

STATEMENT 7
FORM 990, PART IV, LINE 65
OTHER LIABILITIES

ACCRUED EMPLOYEE BENEFITS	\$ 153,699.
ACCRUED PAYROLL AND VACATION	991,463.
ACCRUED POSTEMPLOYMENT BENEFITS	407,405.
ACCRUED POSTRETIREMENT BENEFITS	1,541,558.
ACCRUED RENT	2,042,672.
ACCRUED WORKERS COMPENSATION	700,621.
DEPOSITS RECEIVED IN ADVANCE	262,815.
TOTAL	\$ 6,100,233.

STATEMENT 8
FORM 990, PART IV-A, LINE B(4)
OTHER AMOUNTS

2002 HI CAPITAL GOODS TAX CREDIT	\$ 16,719.
GENERAL EXCISE TAX	-943,834.
PCC PROPERTIES REVENUE	59,764.
TOTAL	\$ -867,351.

2003

FEDERAL STATEMENTS

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POLYNESIAN CULTURAL CENTER

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STATEMENT 9
FORM 990, PART IV-A, LINE D(2)
OTHER AMOUNTS

2003 HAWAII CAPITAL GOODS TAX CREDIT	\$	15,907.
CASH DISCOUNTS		-267,420.
COST OF GOODS SOLD		-4,636,358.
LOSS ON ASSET DISPOSITIONS		-10,164.
RENTAL EXPENSES		-336,231.
TOTAL	\$	-5,234,266.

STATEMENT 10
FORM 990, PART IV-B, LINE B(4)
OTHER AMOUNTS

CASH DISCOUNTS	\$	267,420.
COST OF GOODS SOLD		4,636,358.
LOSS ON ASSET DISPOSITIONS		10,164.
PCC PROPERTIES EXPENSES		42,869.
RENTAL EXPENSES		336,231.
TOTAL	\$	5,293,042.

STATEMENT 11
FORM 990, PART IV-B, LINE D(2)
OTHER AMOUNTS

GENERAL EXCISE TAX	\$	943,834.
TOTAL	\$	943,834.

STATEMENT 12
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
THEODORE M. JACOBSEN 3131 WEST 2210 SOUTH SALT LAKE CITY, UT 84119	CHAIRMAN PART-TIME	\$ 0.	\$ 0.	\$ 0.
BOYD P. MOSSMAN 264 ELILANI STREET PUKALANI, HI 96768	VICE-CHAIRMAN PART-TIME	0.	0.	0.
IRA A. FULTON 9140 S. KYRENE, SUITE 202 TEMPE, AZ 85284	DIRECTOR NONE	0.	0.	0.

STATEMENT 12 (CONTINUED)

FORM 990, PART V

LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
BRAD W. FARNSWORTH 436 EAST 2780 NORTH PROVO, UT 84604	SECRETARY PART-TIME	\$ 0.	\$ 0.	\$ 0.
V. NAPUA BAKER 55-061 LANIHULI STREET LAIE, HI 96762	DIRECTOR PART-TIME	0.	0.	0.
ALBERT Y. G. HO 263 MAHIMAHI PLACE HONOLULU, HI 96821	DIRECTOR PART-TIME	0.	0.	0.
JAMES R. LONG 2348 SOUTH OCEAN BOULEVARD HIGHLAND BEACH, FL 33487	DIRECTOR PART-TIME	0.	0.	0.
RICHARD E. MARRIOTT 10400 FERNWOOD ROAD BETHESDA, MD 20817	DIRECTOR PART-TIME	0.	0.	0.
JOHN P. MONAHAN 50 POIPU DRIVE HONOLULU, HI 96825	DIRECTOR PART-TIME	0.	0.	0.
KALOLAINE M. SOUKOP 465 KAPAHULU AVENUE, SUITE 2B HONOLULU, HI 96816	DIRECTOR PART-TIME	0.	0.	0.
MARK H. WILLES 1500 S. BERETANIA ST. STE 410 HONOLULU, HI 96826	DIRECTOR PART-TIME	0.	0.	0.
VON ORGILL 55-453 NANILOA LOOP LAIE, HI 96762	PRESIDENT FULL-TIME	187,759.	17,938.	24,400.
P. ALFRED GRACE P.O. BOX 191 LAIE, HI 96762	VP SALES FULL-TIME	147,634.	16,623.	0.
JAMES N. HOPKINSON 55-465 NANILOA LOOP LAIE, HI 96762	VP FINANCE FULL-TIME	144,341.	16,492.	0.
JOHN MUAINA 55-462 IOSEPA STREET LAIE, HI 96762	VP HUMAN RES. FULL-TIME	101,013.	14,758.	0.

STATEMENT 12 (CONTINUED)
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
LOGOITINO APELU PO BOX 359 LAIE, HI 96762	VP OPERATIONS FULL-TIME	\$ 139,939.	\$ 10,897.	\$ 0.
		TOTAL \$ 720,686.	\$ 76,708.	\$ 24,400.

STATEMENT 13
FORM 990, PART VI, LINE 80B
RELATED ORGANIZATIONS

<u>NAME OF ORGANIZATION</u>	<u>EXEMPT</u>	<u>NONEXEMPT</u>
CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS, THE	X X	

STATEMENT 14
SCHEDULE A, PART III, LINE 2
TRANSACTIONS WITH TRUSTEES, DIRECTORS, ETC.

THE CENTER LEASES RENTAL HOMES TO CERTAIN EMPLOYEES. RENTAL INCOME FROM THESE HOMES AMOUNTED TO \$65,080 IN 2003.

STATEMENT 15**FORM 990, PART III and PART VIII**

The Polynesian Cultural Center (the Center) and its next door neighbor, Brigham Young University - Hawaii Campus (BYU-HC) both were established and are wholly controlled by the Church of Jesus Christ of Latter-day Saints (the Church). The Polynesian people have special significance in the Church doctrine, and the Church has been active in the Polynesian Islands since very soon after its establishment in the United States in the 1830's. It conducts many activities in Polynesia intended to improve, both spiritually and economically, the lives of its members there, most of whom live in what are commonly termed "disadvantaged" communities and "underdeveloped" nations.

One of the main thrusts of the Church in Polynesia is to educate its members to enable them and their communities to adapt to and be self-sufficient in the encroaching modern world and yet not to abandon or lose respect for their native cultures or themselves. In furtherance of this objective, the Church has established BYU-HC (initially known as Church College of Hawaii) and the Center. BYU-HC was opened in 1955. Its primary purpose is to provide a college education for Polynesian students who would not otherwise have that opportunity. BYU-HC and the Church actively recruit Polynesian high school students with college potential to attend BYU-HC, obtain an education and then return to their home nations and communities and help improve them, economically and otherwise. The Church substantially subsidizes BYU-HC, which charges tuition far below that charged by most private colleges. Nevertheless, most of the students have no money to pay living expenses, transportation or tuition, however low. Most of the students also lack job experience and skills and do not speak English fluently when they first enroll.

The Center was opened in 1963 as an integral part of the overall Church program in Polynesia and specifically as an adjunct to BYU-HC. The Center operates an authentic living museum of the native cultures of seven major Polynesian Islands — Samoa, Fiji, New Zealand (Maori), Tahiti, Marquesas, Tonga and Hawaii. It employs BYU-HC students from these islands as part-time workers in all aspects of the Center's operations. During 2003, the Center employed an average of 694 BYU-HC students, representing approximately 64 percent of its work force. Such employment is intended to, and does, accomplish the following purposes with respect to such students:

- Teaching them the traditions of their native cultures which are threatened by modernization.
- Instilling in them pride and respect for their own cultures (and themselves) and respect for other cultures.
- Giving them a first job experience and on-the-job training.
- Giving them an experience in sustaining themselves in the modern Western world.
- Enabling them to work their way through college.

(continued)

STATEMENT 15 - continued
FORM 990, PART III and PART VIII

In addition, the broader cultural and educational functions performed by the Center include the preservation and exhibition to the visiting public of important aspects of each of the Polynesian cultures represented, including:

- Authentic replicas of representative village structures in typical settings
- Daily living activities such as cooking
- Agriculture
- Artifacts
- Arts and crafts (both the objects themselves and the skills)
- Costumes
- Traditions
- Songs and dances (which have a far more significant role in Polynesian cultures than in most Western cultures)

The Center also conducts, directly and indirectly, scholarly research necessary to assure the authenticity of the Center's activities and to foster the preservation and appreciation of Polynesian cultures.

In addition, the Center performs a vital role in the extensive missionary activities of the Church; both directly, by providing a free informative tour of the Church's nearby Temple Grounds (approximately 33,000 of the Center's visitors experienced this tour in 2003), and indirectly, by exposing the Center's visitors to the Polynesian student employees and through them, to the Church's overall program in Polynesia which is a very worthwhile and impressive phase of the Church's activities.

The revenues listed in Part VII are generated primarily by charges paid by visitors to the Center for admission to the village complex. In addition, since many visitors spend most of the day and evening at the Center and the location of the Center is somewhat remote, a cafeteria-style dining facility and snack bars are provided for their convenience. Sales of food in these facilities contribute gross receipts as indicated.

Approximately 750,000 guests visited the Center in 2003.

STATEMENT 16
FORM 990, PART VIII

The Center sells Polynesian cultural and educational materials, arts and crafts to the visiting public. These items are related to the Center's exempt purposes, and the sale of these items helps promote the Center's cultural and educational purposes.

STATEMENT 17
SCHEDULE A (FORM 990), PART IV-A, LINE 27

For the years ended December 31, 1999 through and including 2002, other than the contributions disclosed in Schedule A, Part IV-A, Line 27 a), the Center did not receive any gifts, grants, contributions, membership fees or gross receipts from admissions, sale of merchandise or services, or furnishing of facilities in any tax-exempt activities from any "disqualified person" except that certain disqualified persons may have paid for admission to the Center or purchased merchandise from the Center. The Center's accounting system does not include the data necessary to calculate the amount of such payments or purchases; however, the Center believes such amounts to be insignificant and de minimus.

STATEMENT 18
FORM 4562, PART V, LINE 26
DEPRECIATION - LISTED PROPERTY

Type of Property	In-Service Date	Business Use %	Cost	Depr. Method	2003 Deprec. Expense
Ford Ranger	Oct-94	100%	11,421	SL-5 yr	-
Astro Van	May-95	100%	19,859	"	-
Nissan flatbed	Jun-96	100%	7,624	"	-
Jeep Pickup	Jun-97	100%	7,500	SL-3 yr	-
Chevy S-10 truck	Dec-97	100%	14,000	"	-
Chevy S-10 truck	Dec-97	100%	14,000	"	-
Chevy S-10 truck	Dec-97	100%	14,000	"	-
Chevy 1-ton flatbed	Jan-98	100%	25,335	"	-
Ford F-250 Truck	Feb-98	100%	20,151	"	-
Ford E-350 Van	Mar-98	100%	32,120	"	-
Metro Tram	Jan-00	100%	55,175	SL-5 yr	11,035
Metro Tram	Jan-00	100%	55,177	"	11,035
Astro Van	Mar-00	100%	23,886	SL-3 yr	1,327
Astro Van	Mar-00	100%	23,675	"	1,315
Astro Van	Mar-00	100%	23,047	"	1,280
Astro Van	Apr-00	100%	23,994	"	1,999
Ford Escort Wagon	Apr-00	100%	5,075	"	423
Ford Escort Wagon	Apr-00	100%	4,775	"	398
Ford Escort Wagon	Apr-00	100%	4,625	"	385
Ford Escort Wagon	Apr-00	100%	5,025	"	419
Ford Escort Wagon	May-00	100%	4,775	"	531
Ford Escort Wagon	Jun-00	100%	4,875	SL-5 yr	929
Honda Van	Jul-00	100%	27,849	SL-3 yr	4,641
Ford Escort Wagon	Nov-00	100%	4,875	"	948
Ford Escort Sedan	Dec-00	100%	5,125	"	1,566
Ford Escort Sedan	Feb-01	100%	4,975	"	1,658
Ford E-350 Van	Jun-01	100%	27,132	"	9,044
Ford Escort Sedan	Jun-01	100%	4,925	"	1,642
Toyota Avalon	Jul-01	100%	27,310	"	9,103
Ford Escort Sedan	Oct-01	100%	4,750	"	1,583
Gem Electric Car	Dec-01	100%	10,300	"	3,433
Gem Electric Car	Dec-01	100%	10,300	"	3,433
Gem Electric Car	Dec-01	100%	10,300	"	3,433
Gem Electric Car	Dec-01	100%	10,300	"	3,433
Ford Escort	Jan-02	100%	5,000	"	1,667
Ford Ranger	Apr-02	100%	13,298	"	4,413
Ford Ranger	Apr-02	100%	13,298	"	4,413
Ford Ranger	Apr-02	100%	13,298	"	4,413
Honda CRV	May-02	100%	19,904	"	6,635
Ford Taurus	Jun-02	100%	4,000	"	1,333
Ford Escort	Jun-02	100%	5,000	"	1,667
Honda CRV	Jun-02	100%	20,524	"	6,271
Ford Escort	Jul-02	100%	3,975	"	1,325
Ford Club Wagon	Aug-02	100%	21,299	"	7,100
Ford Escort	Sep-02	100%	3,575	"	1,192
Ford Escort - Used	Mar-03	100%	2,950	"	819
Ford Escort - Used	Mar-03	100%	2,950	"	819
Honda CRV	May-03	100%	20,130	"	2,684
Le Sienna Van	Jun-03	100%	27,530	SL-5 yr	3,212
Ford F-350 Truck	Jul-03	100%	36,108	"	3,611
Ford Escort	Jul-03	100%	3,650	"	365
Ford Escort	Jul-03	100%	3,525	"	353
Ford Escort	Jul-03	100%	3,475	"	348
Le Sienna Van	Aug-03	100%	29,516	"	2,460
Supreme 5000 Series Tram	Nov-03	100%	110,365	"	3,679
			<u>911,625</u>		<u>133,772</u>

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

Note: Only complete **Part II** if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time – Must File Original and One Copy.

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	POLYNESIAN CULTURAL CENTER	99-0109908
	Number, street, and room or suite number. If a P.O. box, see instructions.	For IRS Use Only
	55-370 KAMEHAMEHA HIGHWAY	
	City, town, or post office, state, and ZIP code. For a foreign address, see instructions.	
	LAIE, HI 96762	

Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (Section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

Stop: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organizations four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is **part** of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until 11/15, 20 04
- 5 For calendar year 2003, or other tax year beginning _____, 20____ and ending _____, 20____
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension ADDITIONAL TIME IS NECESSARY TO GATHER THE INFORMATION NEEDED TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. \$ _____

c **Balance due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Gary A. Myers Title C.P.A. Date 8/16/04

Notice to Applicant – To be Completed by the IRS

- ☐ We **have** approved this application. Please attach this form to the organization's return.
- ☐ We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return. Please attach this form to the organization's return.
- ☐ We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- ☐ We **cannot consider** this application because it was filed after the due date of the return for which an extension was requested.
- Other: _____

Director _____ By _____ Date _____

Alternate Mailing Address – Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name
	LAKE, HILL & MYERS
	Number and street (include suite, room, or apartment number) or a P.O. box number
	6695 SOUTH 1300 EAST
	City or town, province or state, and country (including postal or ZIP code)
	SALT LAKE CITY, UT 84121